

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|------------------------------------|--|--------------|----------|
| 1 Date of Request: <u>1/10/05</u> | | 2 Serial/Patent # <u>10/08/050</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | | | \$ 980, |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert. of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 980, |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | <div style="border: 1px solid black; padding: 5px;"> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1 9 -- 0 7 4 3 </div> </div> | | |
| <input type="checkbox"/> | Overpayment | | | |
| <input type="checkbox"/> | Duplicate Payment | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p><i>Extension of time period is over, no extension fee is due.</i></p> </div> | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Tervin Dingle</u> | | TITLE: <u>PAAT/CA</u> | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>(571) 272-3210</u> | | |
| OFFICE: <u>Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>1/11/05</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**